

**Office of Administration**

**Commissioner's Office**

**"Request for Preauthorization for Other Services"**

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

*Client Name:* \_\_\_\_\_ *Date Enrolled:* \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4/25/17	car Battery need by May 3 for job orientation	# 150.00	united way urban league
AMOUNT TO BE REIMBURSED			

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!*

Thank you.

Authorized person requesting purchase: \_\_\_\_\_ 

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_